

Appendix A:

Senate Bill 910 (Ch. 948/99, Vasconcellos)

Senate Bill No. 910
CHAPTER 948

An act to add Section 9101.5 to the Welfare and Institutions Code,
relating to aging, and making an appropriation therefor.

[Approved by Governor October 10, 1999. Filed
with Secretary of State October 10, 1999.]

LEGISLATIVE COUNSEL'S DIGEST

SB 910, Vasconcellos. Aging: strategic planning.

The Mello-Granlund Older Californians Act, which is administered by the California Department of Aging, establishes various programs that serve older individuals, including area agencies on aging, home-delivered meals programs, community-based services programs, multipurpose senior services programs, senior center funding programs, and aging information and education programs.

This bill would make legislative findings regarding the need for a strategic plan coordinating the services available to older individuals, and would request the University of California to compile specified information, including a survey of existing resources throughout California's governmental and administrative structure that are available to address the needs of an aging society. The bill would require the Secretary of the California Health and Human Services Agency, based upon the information compiled by the University of California and with the consultation or advice of specified entities, to develop a statewide strategic plan on aging for long-term planning purposes and submit the plan to the Legislature by July 1, 2003.

The bill would appropriate \$125,000 from the General Fund to the University of California if the University of California conducts the survey of existing resources specified above.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares the following:

(a) Californians need and want services that are responsive to their gender, age, and cultural and ethnic heritage.

(b) Public programs, services, and assistance for aging Californians are administered by many state and local entities without the benefit of a statewide, long-term master plan. The results are a fragmented, uncoordinated approach of services data collection.

(c) Given the rapid demographic, economic, and social changes taking place in California, particularly the dramatic and projected

increase in the number of aging Californians, there must be immediate action to develop a comprehensive plan to address future housing, transportation, education, employment, health care, legal, and insurance needs.

(d) Administrative, budgetary, programmatic, and historical impediments which inhibit change and progress must be identified and removed so California can create an efficient, consumer-oriented service delivery system.

(e) California must address the health and social challenges of aging in the 21st century by planning and delivering a continuum of services and assistance which respect individual choices and provide family support.

(f) Developing this continuum, eliminating duplication of effort, enhancing coordination, and setting priorities for resource allocation must not occur without meaningful involvement of consumers, public and private providers, and state and local entities working in a partnership to create the master plan.

(g) It is in the interest of the State of California that the California Health and Human Services Agency provide leadership to identify, develop, and sustain data bases to analyze public policies and resource allocations and create the framework for a statewide, long-term master plan for aging Californians in the 21st century.

SEC. 2. Section 9101.5 is added to the Welfare and Institutions Code, to read:

9101.5. (a) (1) The University of California is requested to compile the following information:

(A) A survey of existing resources throughout California's governmental and administrative structure that are available to address the needs of an aging society. The survey shall include, but not be limited to, a commentary on existing gaps in these resources, and projections for gaps that may occur, based on existing and future demographic trends. The survey required by this subparagraph shall be submitted to the Legislature and the Secretary of the California Health and Human Services Agency by no later than January 1, 2001. The survey shall avoid any duplication with the implementation of the report on long-term care programs required by Chapter 1.5 (commencing with Section 100145) of Part 1 of Division 101 of the Health and Safety Code.

(B) A composite demographic profile of California. The University of California shall commence the profile required by this subparagraph by January 1, 2001, and shall complete the profile no later than January 1, 2002.

(C) The development of a plan for a longitudinal data base of Californians. The University of California shall commence the development of the plan for a data base required by this subparagraph by January 1, 2002.

(D) Findings and recommendations, and steps for their implementation.

(2) This subdivision shall not apply to the University of California unless the Regents of the University of California, by resolution, make these provisions applicable.

(b) Based upon the findings, recommendations, and data presented by the University of California, as specified in subdivision

(a), the Secretary of the California Health and Human Services Agency shall, with the consultation or advise of the California Commission on Aging, the California Council on Gerontology and Geriatrics, consumer groups, and other interested parties, develop a statewide strategic plan for California to address the impending demographic, economic, and social changes triggered by California's aging and diversifying society. The secretary shall submit the completed plan to the Legislature for consideration by July 1, 2003. It is the intent of the Legislature that the department hold public hearings on the reports.

(c) The plan developed pursuant to subdivision (a) shall be periodically updated.

(d) The sum of one hundred twenty-five thousand dollars (\$125,000) is hereby appropriated from the General Fund to the University of California if the University of California conducts the survey of existing resources required by subparagraph (A) of paragraph (1) of subdivision (a).

Appendix B:

**California Policy Research Center
SB 910 Working Group
Research Experts and List of Reports**

SB 910 Working Group of Research Experts

California Policy Research Center List of Reports, Author Acknowledgments

Diane Driver

Academic Coordinator, Resource Center on Aging, UC, Berkeley

Expertise: gerontology and policies related to aging; long-term care in the U.S., with a focus on spend-down in nursing homes.

Patrick Fox

Associate Professor of Sociology in Residence, Department of Social and Behavioral Sciences, and Co-Director, Institute for Health and Aging, UC San Francisco

Expertise: the sociology of aging, community-based long-term care, evaluation of social and health interventions, health policy, disease-based social movements, economic costs of illness, health promotion, and health and social service utilization by people with Alzheimer's disease.

Charlene Harrington

Professor, Department of Social and Behavioral Sciences, UC San Francisco

Expertise: health care access and health outcomes; aging; disability; long-term care; health policy; political economy of health; state long-term care policies; home care and nursing home policies; managed care organizations and delivery of services to the elderly.

Brian Kaskie (Project Director)

Assistant Professor of Health Management, University of Iowa, and Postdoctoral Research Fellow, Institute for Health and Aging, UC San Francisco

Expertise: assessment and treatment of older adults with dementia and other forms of mental illness; development of public policies and the delivery of health and social services to older adults with dementia and other forms of mental illness.

Ronald Lee

Professor, Department of Demography, UC Berkeley

Expertise: demographic forecasting; population aging; fiscal impact of immigration; projections of social security system finances.

Kathleen McGarry

Associate Professor, Department of Economics, UC Los Angeles

Expertise: the economics of aging and the labor force; income supports for the elderly; pensions and income security; aging and intergenerational assistance; health and aging; retirement and retirement behavior of the elderly; poverty among the elderly.

SB 910 Working Group of CPRC Research Experts

Robert Newcomer

Professor, Department of Social and Behavioral Sciences, UC San Francisco

Expertise: health care access and health outcomes; people with disabilities; tracking local government capacities. Developed a community-level indicator system for chronic health condition monitoring and community responsiveness tracking; separate models for children, chronic substance abusers, chronically mentally ill, the disabled; formulation of data and indicator systems, special study designs for state and county governments.

Jon Pynoos

Professor, Gerontology and Urban and Regional Planning, and Director, National Resource and Policy Center for Housing Long Term Care, University of Southern California

Expertise: Development and analysis of policies and programs related to housing, long-term care, and aging in place.

William Satariano

Professor, School of Public Health, Division of Public Health Biology and Epidemiology, UC Berkeley

Expertise: Social epidemiology, aging, health, and functioning; functional disability in older women with breast cancer; exercise capacity and physical performance in older populations.

Andrew Scharlach (Project Chair)

Professor, School of Social Welfare, and Director, Center for the Advanced Study of Aging Services, UC Berkeley

Expertise: long-term care; elder care programs and policies; intergenerational relationships; work and family issues; death, dying, and bereavement; social services and family policy; health and mental health; aging and gerontology.

Teresa Seeman

Professor, Medicine and Epidemiology, Schools of Medicine and Public Health, UC Los Angeles

Expertise: the role of social relationships in health and aging with specific interest in understanding the biological pathways through which the social environment influences health and aging so as to promote more successful aging.

Fernando Torres-Gil

Professor, Social Welfare, School of Public Policy and Social Research (Associate Dean), and Director, Center for Policy Research on Aging, UC Los Angeles

Expertise: elder care; gerontology; ethnicity; health care; social policy and urban planning. Public policy in an aging society, the politics of aging and long-term care and human services for older persons, particularly the interrelationship of ethnicity and diversity including issues affecting minority; disability and geriatric rehabilitation; delivery of human services to vulnerable populations; and the intersection of urban planning with such issues as housing, transportation, and the accommodation of persons with disabilities.

SB 910 Working Group of CPRC Research Experts,

Valentine Villa

Adjunct Assistant Professor, Department of Social Welfare, and Associate Director, Center for Policy Research on Aging, UC Los Angeles

Expertise: aging society, including the impact of public policy issues affecting social security and Medicare; health status and health service utilization patterns of minority elderly and low- income populations; access to primary and preventive care among Medicare beneficiaries; political participation among Latino elders.

Martin Wachs

Professor, Departments of Civil and Environmental Engineering and City and Regional Planning, and Director, Institute of Transportation Studies, UC Berkeley

Expertise: Transportation planning and policy, including the transportation needs of elderly and handicapped people; fare and subsidy policies in urban transportation, the problem of crime in public transit systems, and methods for the evaluation of alternative transportation projects. Relationship between transportation, air quality and land use, and transportation finance.

Steven Wallace

Professor, School of Public Health, UC Los Angeles

Expertise: health policy; aging and minority health care issues; long-term care; access to services for the elderly under managed care.

Edward Yelin

Professor, School of Medicine and Institute for Health Policy Studies, UC San Francisco

Expertise: health, employment and retirement; health economics and health policy; the health impacts of chronic disease, including cost of illness; employment among the chronically ill; access to care and implication of shift to managed care; disability; chronic illness, including arthritis and asthma; occupational medicine; and poverty.

Appendix C:

The Strategic Aging Plan Development Task Team

CALIFORNIA STRATEGIC AGING PLAN DEVELOPMENT TASK TEAM

Title	First Name	Last Name	Organization
President	Pauline	Abbott	California Council on Gerontology & Geriatrics
Chief Consultant	Bonnie	Darwin	California State Assembly Aging & Long-Term Care Committee
Associate Director	Linda	Deavens	Consolidated Transportation Services Agency (CTSA), Paratransit, Inc.
Chair of Commission	Nancy	Dolton	California Commission on Aging
Vice-President, Deputy Director	Peggy	Goldstein	California Association of Health Facilities (CAHF)
Vice-President	Heather	Harrison	California Assisted Living Association (CALA)
Program Analyst	Carla	Hett Smith	California Commission on Aging
Executive Director	Derrell	Kelch	California Association of Area Agencies on Aging (C4A)
Chair	Roberta	King	Triple A Council of California (TACC)
SW Regional Rep, National Board	Ruth	Kletzing	Older Women's League (OWL)
Chair	Joan	Lee	California Gray Panthers
Executive Director	Raymond C.	Mastalish	California Commission on Aging
State Policy Director	Jackie	McGrath	CA Council of the Alzheimer's Assn.
Executive Director	Margery	Minney	Valley Caregiver Resource Center
Director of CA Caregiver Res. Ctrs. Assn.	Vicki	Farrell	CA Assn. of Caregiver Resource Centers
Senior Senator	Joseph	Murphy	California Senior Legislature (CSL)
Executive Director	Bonnie L.	Parks	Senior Worker Advocate Office (SWAC)
Consultant	Monique	Parrish	Representing Caregivers
State Director	Tom	Porter	AARP
Senior Senator	Bill	Powers	Congress of California Seniors

Title	First Name	Last Name	Organization
Consultant	Sarah	Sutro	California State Senate Aging & Long Term Care Sub-Committee
Executive Director	Peter	Spaulding	California Assn. for Coordinated Transportation (CalACT)
Associate Director of Public Policy, Housing	Alayna R.	Waldrum	California Association of Homes and Services for the Aging (CAHSA)
	Nina	Weiler-Harwell	AARP California
Executive Director	Gwen	Yeo	California Council on Gerontology & Geriatrics
State Staff:			
Chief Deputy Director	Lora	Connolly	CA Department of Aging
Aging Plan Project Manager	Cheri	Jasinski	Health & Human Services Agency
Ad hoc Members:			
Health Program Specialist	Paula	Acosta	CA DHS, Office of Long Term Care
Research Program Specialist	Rick	Barthels	CA Office of Statewide Health Planning and Development, Health Information Division
Associate Director	Holly	Brown-Williams	UC California Policy Research Center
Assistant Director, External Affairs	John	Carr	CA Department of Aging
Assistant Secretary	Benjamin	Harville	CA Health and Human Services Agency
Manager, Human Res.	Neal	Howe	Health & Human Services Agency
Chief, Transit Outreach and Enhancements	Peter	Steinert	CA Department of Transportation, Mass Transit
Chief, Preventive Health Care for the Aging	Laurie	Vazquez	DHS-CDIC, Preventive Health Care for the Aging, Institute for Health and Aging

Appendix D:

The Planning Process

SB 910 California Strategic Aging Plan

THE PLAN DEVELOPMENT PROCESS

Background

Senate Bill 910 (Ch. 948/99, Vasconcellos) was written to address the impact on California due to the retirement of the “Baby Boomer” generation. The bill mandates the California Health and Human Services Agency (CHHSA) to develop a statewide strategic plan on aging for long-term planning purposes.

The University of California was asked to assist in information gathering and analysis prior to plan development:

Phase 1 - Surveyed existing relevant state governmental resources and programs

Phase 2 - Produced a composite profile of California’s population

Phase 3 - Developed a plan to create a longitudinal database of Californians

The University of California Policy Research Center (CPRC) completed Phase 1 of the mandate prior to the plan development process. Phases 2 and 3 were completed shortly after the process began.

SB 910 called for the CHHSA to develop this plan with the consultation or advice of the Commission on Aging, the California Council on Gerontology and Geriatrics and other appropriate consumer groups and interested parties. A Plan Development Task Team (PDTT) was developed to fulfill this request and the team was charged with producing the draft plan. The CHHSA began the plan development process in December of 2002.

Since SB 910 was signed into law in 1999, much relevant research was conducted and a great deal of public input has been received. In support of SB 910 the Commission on Aging held four topic-centered field meetings/public discussions throughout the state. Their findings on health, housing, transportation and planning/system design were presented in a two-day Forum held in April 2003. The CHHSA plan development process utilized much of the new research and input in addition to the CPRC research.

The Process

The strategic planning process was managed by the Health & Human Services Agency with the support of the Department of Aging. The objective was to develop the Strategic Plan on Aging in accordance with SB 910 and present it to the Legislature by October 1, 2003, an extension of the original due date of July 1, 2003.

Approach:

- The Project Manager coordinated and managed the overall process
- A deliverables list of plan elements was developed prior to team kick off and expanded as necessary throughout the process

- “Guest experts” from stakeholder organizations and state departments were invited to attend team meetings to share knowledge
- Plan recommendations were developed outside of team meetings and presented to the whole PDTT for review, input and consensus.
- Plan policy and action recommendations were developed incrementally for all plan elements from January through July
- A PDTT retreat was held to prioritize, set suggested timelines and roles for public, private and non-profits sectors
- PDTT recommendations were reviewed by affected state departments
- The draft recommendations were presented to public for input - one meeting was in the north, one in the south
- Public and department input was incorporated
- The Plan was approved by the Secretary of the California Health and Human Services Agency for presentation to the Legislature

Schedule, Meetings and Feedback: The Team met once in mid-December 2002 for orientation, then from late January through August 2003. Meetings were held at least once per month and frequently twice per month as necessary to stay on time. Reading and various voluntary assignments were completed between meetings.

An all-day retreat was held in mid July for the purpose of assigning an A, B or C priority, suggesting short, medium or long term time frames, and suggesting private, non-profit or public sector roles for each recommendation. “A” priority recommendations were included in the plan. Other recommendations are reported in Appendix G.

The first draft of the recommendations was completed in early August 2003 and was posted on the SB 910 Website. Public hearings took place on August 19 in Fullerton, Orange County and August 22 in Sacramento. The public was notified by way of a mass e-mail distribution and given the opportunity to give feedback in a number of ways: By e-mail, by US mail, by phone, by attending a public hearing and/or making oral or written comments. The hearings were attended by 132 persons; 119 comments were received.

A Web feedback process was set up so that the public could download files then make desired changes, additions and/or deletions right on the document. Fifty-seven (57) suggestions were received by e-mailed or by US mail.

Affected state departments reviewed and provided feedback on the “A” priority recommendations from August 18 through September 5, 2003. The final plan includes 321 priority recommendations.

Roles and Responsibilities

Plan Development Task Team

Role: PDTT members were responsible for representing the perspective and interests of their constituency, including programs, services, data and resources

about which they have operational and/or management knowledge. They worked with other organizations, elected officials, legislators, local government and state managers and staff to understand their perspective to ensure that the vision and needs of the aging community was reflected.

Responsibilities:

The Task Team approved recommendations for the seven primary plan elements. Element recommendations were reviewed with an eye to quality, eliminating silos, and overall application of the plan to a diverse older adult population.

Plan Elements:

1. Influencing Federal Policy
2. Security and Work
3. Transportation
4. Housing
5. Staying Well
6. Health and Long Term Care
 - Oral Health
 - Alcohol and Chemical Dependency
 - Mental Health
 - Chronic Disease, Palliative and End-of-Life Care.
 - Long Term Care – Long Term Support System
 - Family/ Informal Caregiving
7. Infrastructure

Task Team members were expected to attend the full team meetings and, if unable to attend, to send their assignment and a knowledgeable representative when appropriate. The team's first tasks were to finalize the plan elements and approve the project timeline with due dates for the various plan elements.

Members were expected to read related background materials related to plan elements prior to meetings and contribute ideas and information as necessary to develop the each section of the plan.

Other responsibilities included:

- Approved element vision statements
- Gave input, revised specific plan policy and action recommendations
- Discussed pros and cons of issues and came to consensus regarding the best approach
- Recommended priorities, timelines, and sector/role relationships
- Integrated cross-disciplinary concepts and integrated into a cohesive whole
- Publicized/participated in public meetings; invited key consumers and interested stakeholders
- Responded to State department feedback
- Came to consensus on working draft of plan for public hearings
- Responded to public feedback
- Came to consensus on final draft of plan for the Secretary of CHHSA

Chair

Lora Connolly, Chief Deputy Director, Dept. of Aging

Role: The Chair was responsible for ensuring the quality of the plan content, and providing policy and technical guidance to the Project Manager and the team. If the team had difficulty reaching consensus, the chair assisted in resolving differences.

Responsibilities:

- Chaired meetings, supported by the Project Manager/Facilitator
- Met with Project Manager/Facilitator to plan meetings and review recommendations
- Provided content expertise and institutional knowledge to Project Manager and the team
- Requested team members to accept tasks necessary for the fulfillment of the team objectives
- Determined how differences of opinion will be resolved.
- Identified and resolved tactical or technical barriers to progress

Project Manager, Facilitator

Cheri Jasinski, California Health and Human Services Agency

Role: Managed the PDTT project meeting process, prepared the chair and members for successful, productive meeting; helped the team achieve deliverables, goals and objectives; wrote/produced the plan

Responsibilities:

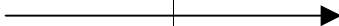
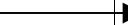
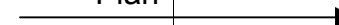
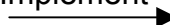
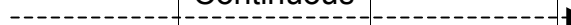



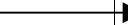
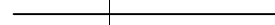
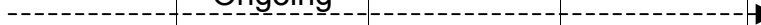
- Coordinated, guided project activities
- Developed plan framework, deliverables and task team charter
- Prepared and distributed agendas and next steps
- Developed first draft of vision and recommendations for meetings
- Managed/facilitated meeting dynamics
- Followed up with members between meetings as necessary to support successful completion of assignments
- Documented and distributed action items and notes/next steps from meetings
- Integrated input, wrote the draft recommendations according to Task Team input
- Integrated feedback from the Secretary
- Developed and implemented a multi-faceted public feedback processes
- Received/summarized/incorporated public feedback
- Managed all documents and maintain version control
- Kept the process moving forward and on time
- Sent final draft of plan to the Secretary of Health and Human Services for approval

Appendix E:
Top 15 Priorities Timeline



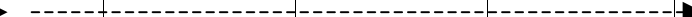
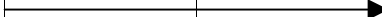
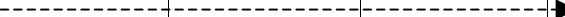



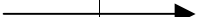
PRIORITY TIMELINE CONTINUUM

1946 TO 2013 Boomers Turn 67 - “Full” Retirement Age

COUNTDOWN TO 2013 and BEYOND: Plan Development Task Team Top Priority Recommendations

	2004	2006	2008	2010	2012	2014
1. Greatly expand health insurance coverage						
2. Provide education/training to develop or enhance skills so older adults can move into second career options			Continuous			
3. Build a comprehensive, integrated data base on aging and disabled Californians for longitudinal studies and care navigation	Plan 		Implement 		Continuous	
4. Address California’s health and social services workforce deficit. Ensure the recruitment and retention of health care professionals, allied health, mental health and paraprofessionals			Continuous			
5. Provide a full continuum of transit services for seniors and persons with disabilities.						
6. Amend the State Transportation Development Act and related regulations to ensure that all unmet transit needs in rural areas that are reasonable to meet are adequately identified and addressed.						
7. Expand Smart Growth models of housing and land use that incorporate livable, walkable, mixed-use, intergenerational components			Continuous			
8. Strengthen support for repairs and home modifications by community-based organizations in every county				Ongoing		

PRIORITY TIMELINE CONTINUUM

	2004	2006	2008	2010	2012	2014
9. Expand the Preventive Health Care for the Aging (PCHA) program						
10. Greatly expand health care access in rural areas					Ongoing	
11. In every county expand community-based mental health promotion, recovery, education and outreach for older adults; identify and incorporate mental health prevention best practices					Ongoing	
12. Build and implement a “no wrong door” care navigation system		Design	Implement			
13. Build capacity into community-based long term support services to prevent unnecessary institutionalization			Continuous			
14. Develop and expand comprehensive, integrated care models						
15. Develop a collaborative process to eliminate fragmentation, integrate funding, and create a customer-centered, seamless system of long term support	Plan		Implement			